

Martha Addison

Died at ^{Town} Upper Marlboro' ^{County} Prince Georges - MARYLAND

Data 1902 ^{Month} 4 ^{Day} 17 ^{Age} 18 ^{Y.} - ^{M.} - ^{D.} - ^{Native of} Maryland ^{Occupation} _____

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of _____

Wife

Father's

Name

Mother's

Maiden Name

Cause of { Primary Abortion - How long sick Six days -
 Death { Immediate Peritonitis - Accident, Suicide, Homicide

Reported by Maresu D. Hummel M. D.

Address Upper Marlboro. Md -

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

I did not attend the woman
in her abortion. She was
never conscious after I saw
her & died of Peritonitis - I
am sure there was no crim-
inal action, hence there is no
inquest necessary -

Marion S. Humes, M.D.

Name In Full

Certificate of Death

Died at Upper Marlboro' ^{Town} Prince Georges ^{County} MARYLAND
 Date 1902 4 12 ^{Month Day} Y. M. D. ^{Age} Native of Occupation
 Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of _____

Wife

Father's Name _____

Mother's Maiden Name Martha Addison

Cause of Death { Primary Immediate } Still Born
 How long sick Still Born
 Accident, Suicide, Homicide

Reported by Abe his madh Dwiden

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No name

Died at *Camp Springs* Town *D. C.* County *MARYLAND*
 Date *1902* *Apr* *15* Month Day Age *8 hours* Y. M. D. Native of *Ind* Occupation *Wife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *None*

Husband of _____
 Wife of _____
 Father's Name *John Allen* Mother's Name *Jennie Moore*

Cause of Death { Primary *Unknown* Immediate *Premature birth* } How long sick _____
 Accident, Suicide, Homicide ☒

Reported by *John Allen* 151

Address *Camp Springs*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Cecelia Anderson

Town

County

Died at

near Bowie

Prince George

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 16

Age

47

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband

of

Wife

Randolph Anderson

Father's

Mother's

Name

Samuel Hopkins

Maiden Name

Rocana Phelps

Cause of

Primary

Pulmonary Consumption

How long sick

One year

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Nelson Arly on in

Address

Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79876



Name in Full

Certificate of Death

In fant.

Died at *Woodmore* Town *Prince George* County *MARYLAND*

Date 190*4* *Apr* *21* Month Day Y. M. D. Age *1* Native of Occupation

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* *Number of children living*

Husband of

Wife

Fether's Name *John Brown*Mother's Maiden Name *Sarah Fletcher*

Cause of Primary

How long sick

Death Immediate

Spasms 71

Accident, Suicide, Homicide

Reported by *Mary Harrison, (Midwife)*Address *Mitchellville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Bely Boyd
 Town *Marlboro* County *Pleasant*
 Died at *MARYLAND*

Date *1902* Month *4* Day *11* Age *60* Y. M. D. Native of *Ind* Occupation *—*
 Male *White* Married *Widow* Divorced *—*
 Female *Colored* Single *Widower* Number of children living *3*

Husband of
 Wife
 Father's Name *Washington Jackson* Mother's Name *Ridie Jackson*

Cause of Death Primary *Paralysis* How long sick *60*
 Immediate *Paralysis* Accident, Suicide, Homicide

Reported by *Reverdy Sencer* M.D.
 Address *Upper Marlboro Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Liles Brice

Died at ^{Town} Upper Marlboro' ^{County} Prince George's Co. MARYLAND

Date 1952 ^{Month} 4 ^{Day} 21 ^{Age} 65 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} Laborer.

Male White Married Widow ~~Divorced~~
Female Colored Single Widower Number of children living

Husband of Fanny Brice -
 Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Phthisis. ^{How long sick} 9 or 10 months -
 Immediate ^{Accident, Suicide, Homicide}

Reported by Maren D. Hunter M.D.

Address Upper Marlboro' Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charlie Bryant

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

24

Age

2.6

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

106

Cause of

Primary

How long sick

Death

Immediate

Chronic Marasmus

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helena Selby Carter

39

Died at

Town

County

Wardville Prince Georges

MARYLAND

Date 18

Month

Day

Y.

M.

D.

Native of

Occupation

1912-4-13

Age

1-6-0

Ind

—

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Chimbr Carter

Mother's

Name

Elizabeth Selby

Cause of

Primary

Acute Gastritis

How long sick

Two days

Death

Immediate

Same

Accident, Suicide, Homicide

Reported by

H. Mortimer

Burns

Address

Aquasco

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268

NOTES

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

Name In Full

Certificate of Death

Died at

Date

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70858



Name in Full

Certificate of Death

Allen G. Clements.

Town

County

Prince Georges

MARYLAND

Died at

Date 1912 -

Month

Day

Y.

M.

D.

Native of

Occupation

4 - 21

Age

Md.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Thomas Clements Mary L. Clements

Cause of

Primary

Gastric Catarrh

How long sick

3 weeks.

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

E. A. Hunt. 104

Address

Piscataway, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John B. Contee

42

179

Town

County

MARYLAND

Died at

Aquasco

Prince George's

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April

31

Age

42

Maryland

Lawyer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband

of

Elizabeth Contee

~~Wife~~

Father's

Name

Charles Contee

Mother's

Maiden Name

Elizabeth Bowling

Cause of

Primary

Malaria & Constipation

How long sick

3 days

Death

Immediate

Congestion of Brain & Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Wm A. Marbury M.D.

Address

Aquasco

Maryland

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lizeta Coolidge

Town

County

Died at

Forestville

P. G.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1904 May 9

Age 93

Med Nurse

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Debility

Death

Immediate

Exhaustion

How long sick

154

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full - *Perla Davis.*

Certificate of Death

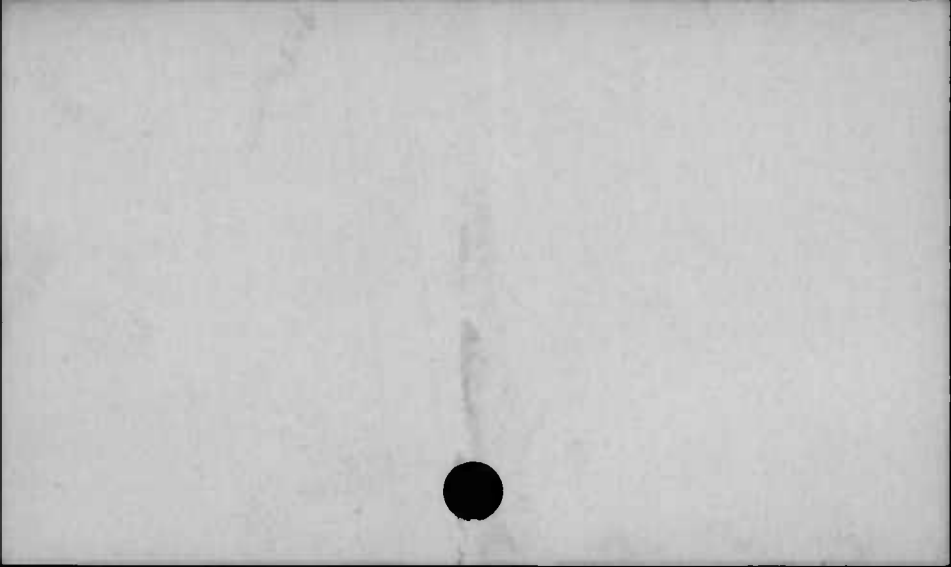
Died at *Cheltenham* Town *Prince George* County *MARYLAND*
Date 19*02* Month *April* Day *22* - Y. M. D. Age *5 years* Native of *md* Occupation
☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☐ Widower ☐ Divorced Number of children living *4.* -

Husband of
Wife
Father's Name *George Davis* Mother's Name *Maggie Davis*
Maiden Name *" Jones*

Cause of Death { Primary Immediate *Pneumonia.* *93* How long sick
Accident, Suicide, Homicide

Reported by *J. N. B. Latimer M.D.*
Address *J. N. B. Latimer Prince George's Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Elisabeth Ann Dodson

Town

Hlertown

County

Pr Geo

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

4 15

Age

70 about

Md

None

Married

Widow

Divorced

Single

Widower

Number of children living

1

John Dodson

Mother's

Name

Primary

Immediate

Chronic interstitial nephritis last illness 3 mo

How long sick

Accident, Suicide, Homicide

E. P. Simpson, M. D.

ROSECROFT,

Pr. Geo. Co., Md.

120

6



Name in Full

Certificate of Death

Edward Duckell

Town

County

Died at

Woodville

Prince George

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

11

Age

1, 4

Prince George Md

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

George Duckell

Mother's

Name

Amanda Jones

Cause of

Primary

Inflammation Ear

How long sick

2 weeks

Death

Immediate

& Catarrh

Accident, Suicide, Homicide

Reported by

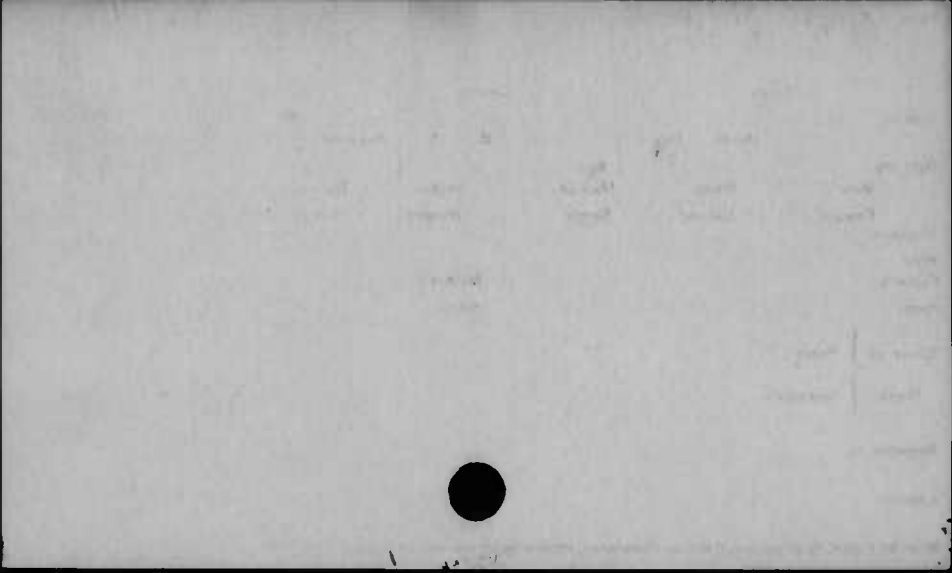
Edward Gray

Address

Aquasco Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Died ^{near} Upper Marlboro ^{Town} Prince Georges ^{County} MARYLAND
 Date 1902 4 11 ^{Month} ^{Day} 3 ^{Age} inf. ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation}
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of _____
 Wife _____

Father's Name Richard Ford ¹⁵¹ ^{Mother's} Martha Forbes
 Maiden Name _____

Cause of Death { Primary infantile unknown Immediate How long sick one day
Accident, Suicide, Homicide

Reported by Lee Hamilton
 Address Croome St., Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Infant of Marion & Ellen A Fowler

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Washington

Age

2 minutes

D.C.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's
Name

Mother's

Maiden Name

Marion Fowler

Ellen A Bridwell

Cause of

Primary

How long sick

Death

Immediate

Premature Birth

~~Accident, Suicide, Homicide~~

Reported by

Ernest A. Gaseh &

Address

Bladensburg M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



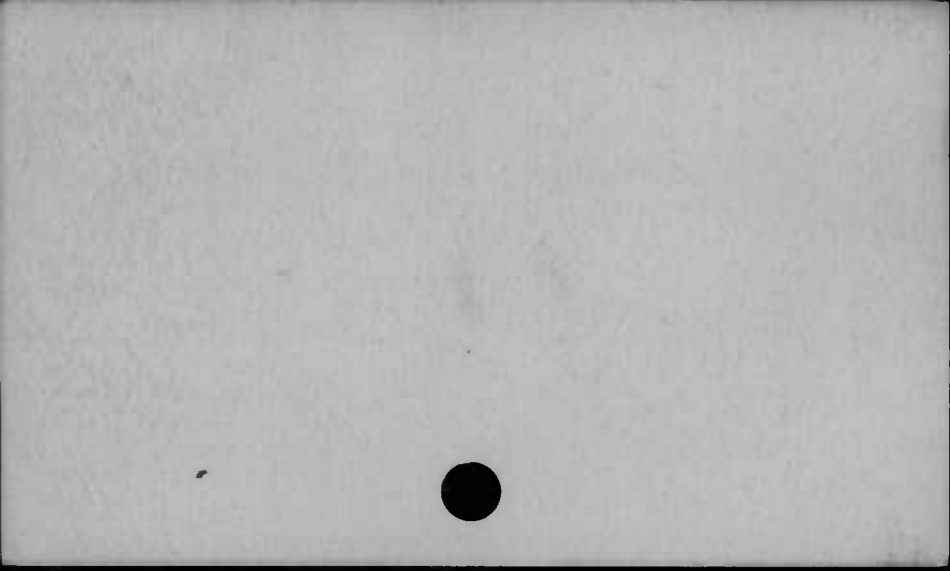
Name in Full

Certificate of Death

Anna Tatz

Died on *Ann* *Prine George* *MARYLAND*Date 190 *9/12* Month *4* Day *27* Y. *71* M. *71* D. *71* Native of *Austria* Occupation *Housewife*~~Male~~ White ~~Married~~ ~~Widow~~ ~~Deceased~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*Husband of *Joseph Tatz*
Wife of *Joseph Koster* Mother's Name *Anna Reichen*Cause of Death { Primary *Chronic Nephritis* How long sick *3 mos*
Immediate *Necrosis* *120* ~~Accident~~, ~~Suicide~~, ~~Homicide~~Reported by *Harry Kelley M.D.*
Address *Prine George Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles

Garner

Town

Ipput

County

Pa Gu

Died at

MARYLAND

Date 189

2

Month

4

Day

10

Y.

21

M.

D.

Native of

Md

Occupation

farmer

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of Children living

Husband

of

X

Wife

Father's

Name

Beng. R Garner

Mother's

Name

Mary Rauling Garner

Cause of

Primary

Pneumonia

9th

How long sick

9 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

John A Coe MD

Address

I.B.

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6596R

Attended by Dr. _____

of _____

Information contained in this certificate was
received from _____

of _____

Name in Full

Certificate of Death

Joan Greenleaf
 Died at *Shrewsbury House* *P. S.* *P. S.*
 Town County
 Date *1902* *Apr* *23^d* Age *65*
 Month Day Y. M. D.
 Native of *Ind* Occupation *Laundry*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of *Unknown* *154*
 Wife *Unknown*
 Father's Name *Unknown* Mother's Name *Unknown*

Cause of Death { Primary *Debility* Immediate *Heart failure* }
 How long sick
 Accident, Suicide, Homicide

Reported by *J. L. Waring*
 Address *Clinton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Francis L. Gung
 Town *Blundell* County *P. D.*
 Died at *Blundell* *P. D.* MARYLAND
 Date *1906* *April* *22* Y. M. D. Native of *Me.* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of Death { Primary *Heart failure*
 Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REGAR



Name in Full

Certificate of Death

Harriett L. Herbert.

Town

County

Died at

Piscataway Prince George

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

12 - 4 - 16

Age

71 -

Md.

V -

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7 -

~~Husband~~
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Pneumonia

How long sick

5 yrs.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full:

Certificate of Death

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

2

4 16

Age

9

Ma

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by DT. _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Elizabeth Kittel

Town

County

Died at

Lanham Prince Georges

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 3rd

Age

74-3-9

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Francis Kittel

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Chronic Bronchitis

Heart dilatation, & dropsy

How long sick

408 years

Death

Immediate

General & Heart weakness
and old age

Accident, Suicide, Homicide

Reported by

Thos. A. R. Kuech M.D.

Address

424 East Capitol St
Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898



Micheale Lawles

Town

County

Died at

Collington

Prince George

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

April 13

Age

Island Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living 5

Husband

of

Bridget Lawles

Wife

Father's

Name

Mother's

Maiden Name

119

Cause of

Primary

acute nephritis

How long sick

One year

Death

Immediate

Paralysis Str +

Accident, Suicide, Homicide

Reported by

Nelson A Ryan M D

Address

Bowie Md

Must be signed by physician, if any in attendance, otherwise by _____, undertaker or minister.



M. Wells Lewis

Town

County

MARYLAND

Died at

Sibley Hospital

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

V. 10. 28

Age

46

-

M. d.

clerk

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

C. O. Lewis

Mother's

Maiden Name

Rebecca

Cause of

Primary

accident in

How long sick

Death

Immediate

runaway

Accident, Suicide, Homicide

Reported by

C. S. Shadwick

Address

Sibley Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Thomas McBeney

Died at

Leeland

Town

County

P.G.

MARYLAND

Date 19

02

Month

4

Day

1

Age

Y.

M.

D.

- 3 -

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William McBeney

Mother's

Maiden Name

Barrie Dove

Cause of

Primary

How long sick

1 day

Death

Immediate

Group

Accident, Suicide, Homicide

Reported by

B. L. Bria

M.D.

Address

Leeland

P. G. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James R & Morrison
 Died at ^{Town} Riverdale ^{County} Prince Geo. MARYLAND

Date 1902 April 24 | Age 67 - - | Native of Va | Occupation Clerk
 Male White Married Widower Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband
 of
 Wife

Father's Name Wm M Morrison Mother's Name Louisa S Morrison

Cause of Death { Primary Aneurism Abdominal Aorta How long sick some yrs
 Immediate Rupture of the aneurism Accident, Suicide, Homicide

Reported by George A. Becker M.D.
 Address 912 16th St N.W. Wash, D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francis Nichols

Town

County

Died at

Laurel

Prince George's

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 19 02

Apr. 10

Age 50

Md

Barber

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

9

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Drowning

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

B F Taylor

Address

Laurel

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Recorded + Permit issued.
April 11, 1902.

(Dr. Saylor certifies as Physician
making autopsy by direction
of coroner.) J. S. B.

Name in Full

Certificate of Death

Nanches infant
 Town County

Died at

Allentown
 Month Day

Pr. Geo.
 Y. M. D.

MARYLAND

Date 189

1903
 Male

4 16
 White

Age

1
 Md

Native of

Occupation

Female

Colored

Married

Widow

Divorced

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Thomas Ruder
 Name

Mother's

Name

Susan Ruder
 Name

Cause of

Primary

Hydrocephalus
 How long sick

Death

Immediate

Weakness after birth
 Died immediately

Accident, Suicide, Homicide

Reported by

J. P. Simpson
 Address

Address

Rosecroft
 Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, SEPTEMBER



Name in Full

Certificate of Death

Luisa Simmons
 Died at ^{Town} Milwood ^{County} P. E. Co

MARYLAND

Date 1902 ^{Month} 4 ^{Day} 4 ^{Age} 80 ^{Native of} Md ^{Occupation}
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Addison Simmons
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary Phthisis 27
 Immediate Heart-disease
 How long sick 3 yrs
 Accident, Suicide, Homicide

Reported by D. L. A. Griffith

Address Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Smith

Town

County

Largo

Prince Georges. MARYLAND

Died at

Date 1902

Month Day

April 27

Age

Y. M. D.

2

Native of

Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Smith

Mother's

Maiden Name

Magdalene Washington

Cause of

Primary

Don't know

How long sick

2 days

Death

Immediate

151

~~Accident, Suicide, Homicide~~

Reported by

Frank Wood

Address

Woodmoore Ma. Undertaker.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Robert Taylor

Town

County

MARYLAND

Died at

Meersville

Prince Georges

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Apr 10

Age

63

Virginia

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

One

Husband

of

Laura Palmer

~~Wife~~

Father's

Mother's

Name

Not ascertained

Maiden Name

Not ascertained

Cause of

Primary

Valvular heart disease + Angina

How long sick

3 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W F Taylor M.D. 79

Address

Laurel

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas M. Taylor

Town

County

P. G. Co.

MARYLAND

Died at

Rossmore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

April

7

Age

60

md

Farming

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Mary E. Taylor

Wife

Father's

Name

Chas Taylor

Mother's

Maiden Name

Marveth Clark

Cause of

Primary

Peritonitis from

How long sick

Several days

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

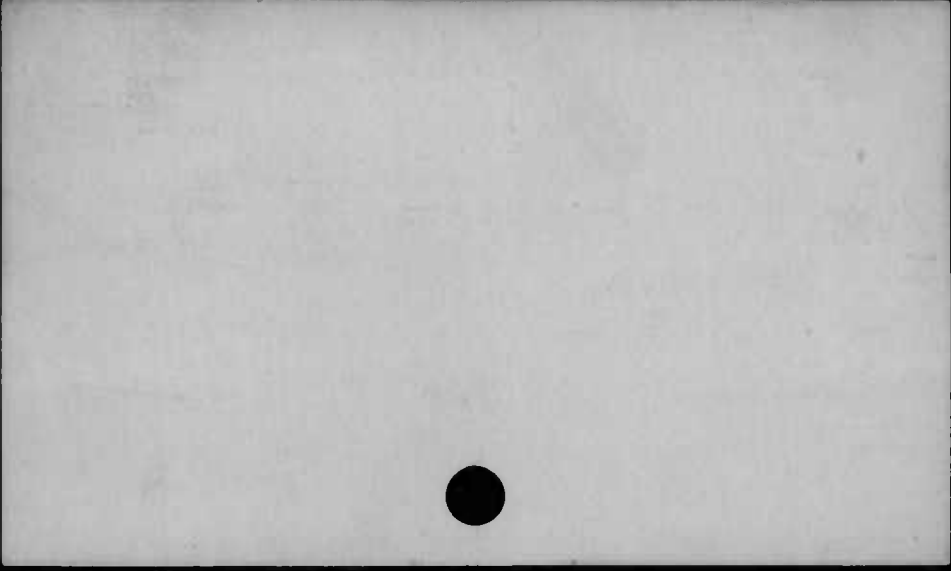
W. H. Hibbs MD

Address

Crown

md 179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie Thompson

Died at "F.B." Town

County

Pr Geo

MARYLAND

Date 1902 4-14

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age

Md

Housewife

Female

Colored

Married

Widow

Divorced

Husband

Single

Widower

Number of children living

2

Wife of J. E. Thompson

Father's

Mother's

Name

Name

Cause of Primary Paralysis

How long sick 4 days

Death Immediate

Accident, Suicide, Homicide

Reported by

J. N. B. Latimer M.D.

Address

"F.B." Pr Geo Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Daniel Thomas

Town *Mitchellville* County *P. George* MARYLAND

Died at *Mitchellville* *P. George*

Month *April* Day *24* Y. *9* M. *9* D. *9* Native of *md* Occupation

Date 19 *02* *April* *24* Age *9* *md*

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of *D*

Wife

Father's Name *Daniel Thomas* Mother's Maiden Name *Kate Galloway*

Cause of Death { Primary *Convulsions* How long sick

Death { Immediate Accident, Suicide, Homicide

Reported by

Address

John Peachick
Mitchellville *md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Roberta May Thomson

Town

County

St. Georges

MARYLAND

Died at

Family Residence

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02. Apr. 27

Age

25

Maryland

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~Father's
Name

Robert M. Thomson

Mother's
Maiden Name

Caroline M. Thomson

Cause of

Primary

Disease of Ovaries

How long sick

two years

Death

Immediate

Blood Poison

Accident, Suicide, Homicide

Reported by

Geo. MacDonald MD

Address

1204 S St NW

Washington D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at		Town <i>Crown Pt</i>		County <i>B Geo</i>		MARYLAND	
Date 19 <i>02</i>	Month <i>4</i>	Day <i>14</i>	Y.	M.	D. <i>3</i>	Native of	Occupation
Male <input checked="" type="checkbox"/>		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of				Divorced		Number of children living	
Wife							
Father's Name		<i>Leah Tolson</i>		Mother's Maiden Name		<i>Lusia Brower</i>	
Cause of	Primary					How long sick	
Death	Immediate	<i>Heart</i>				<i>25</i>	
Reported by		<i>Ruxana Tolson</i>					
Address		<i>Upper Marlboro. Md</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Daisy Waters

Town

County

MARYLAND

Died at

Laurel

Prince Geo.

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 April 28

Age

2-3-

Md

chuck

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Do not know (illegible)

Mother's

Maiden Name

Rachel Waters

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. B. Byers

Address

Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72008

Recorded &

Permit issued.

April 2. 02
J.B.

Name in Full

Certificate of Death

Thomas Day

Town

County

Died at

Tacoma Park

P. G. Co

MARYLAND

Date 1892 ^{Month} April ^{Day} 1st Age 72 Y. M. D. Native of Ind Occupation Laborer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

General debility

How long sick

Death

Immediate

as reported.

Accident, Suicide, Homicide

Reported by

Address

 Louisa
 Redd's Corner

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Whalen

Town

County

Died at

Lakeland Prince George Co

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 April 27

Age about 30 yrs

Maryland

Rail Road Hand

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband of

Francis Brooks

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Consumption

How long sick

2 months

Death

Immediate

Not known

Accident, Suicide, Homicide

Reported by

W. D. Humphreys, M.D.

Address

College Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

15



Name in Full

Certificate of Death

James Wills - F.I.

Died at 1907 Baden Town

County Prince George

MARYLAND

Date 1907 4 28

Age

1.

Occupation

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name Lee WillsMother's
Name

Alice Wills -

Cause of Primary

Death Immediate

151
No one in house

How long sick

Accident, Suicide, Homicide

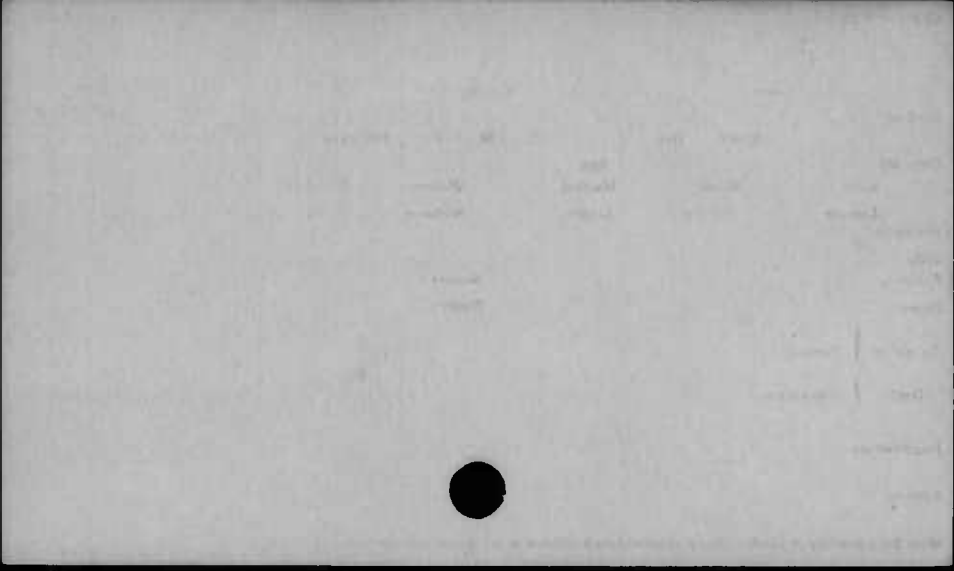
Reported by

Address Baden,

Lee Wills -
Undated

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 06908



Name in Full

Certificate of Death

Susan Isabelle Wilson

Town

County

Died at

Landover

P. George

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr. 22

Age

83

2

26

Md.

none

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Three

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lawrence Wilson

Francis L. Donnell

Mother's

Name

Mary Donnell

How long sick

13 days

Primary

Immediate

Pneumonia
Exhaustion
L. S. Savage

93

~~Accident, Suicide, Homicide~~

Benning D. C.



Name in Full

Certificate of Death

John E. Wood

Town

J.B.

County

P.G.

Died at

MARYLAND

Date 189

2

Month

4

Day

16

Age

40

Y.

M.

D.

Native of

Md

Occupation

Blacksmith

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Kena Edelen Wood

Father's

Name

John A. Wood

Mother's

Name

Mary E Wood

Cause of

Primary

Typhoid fever

How long sick

5 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

John A. Cox MD

Address

J.B. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Charles Francis Futer

Died at ^{Town} Hyattsville ^{County} Washington D.C.

MARYLAND

Date 1802 ^{Month} April ^{Day} 8 | Age 3 4 5 | ^{Native of} Md | ^{Occupation} _____

Male ☒ Female ☐ | White ☒ Colored ☐ | Married ☐ Single ☐ | Widow ☐ Widower ☐ | Divorced ☐ | Number of children living _____

Husband of

Wife

Father's Name

Mother's Name

Cause of Primary

Death Immediate

How long sick

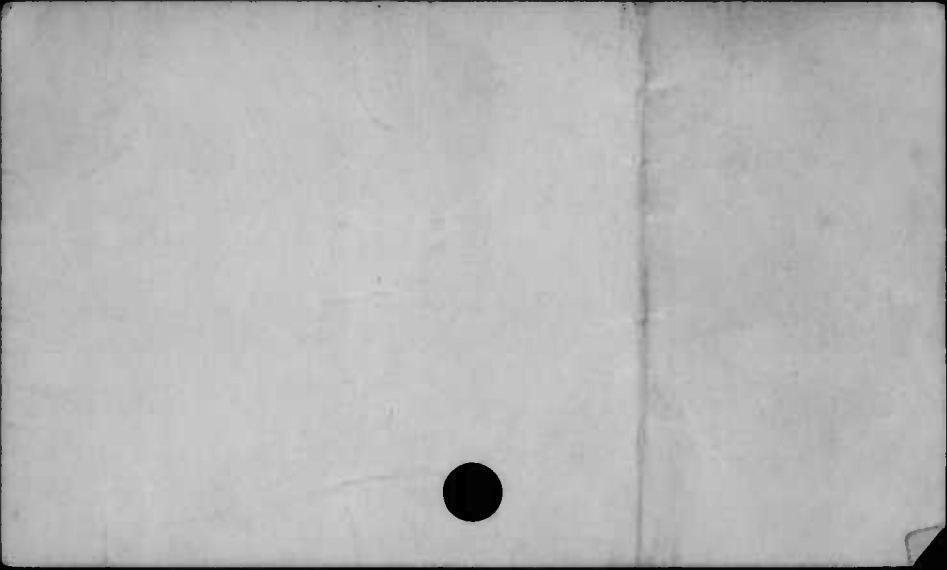
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

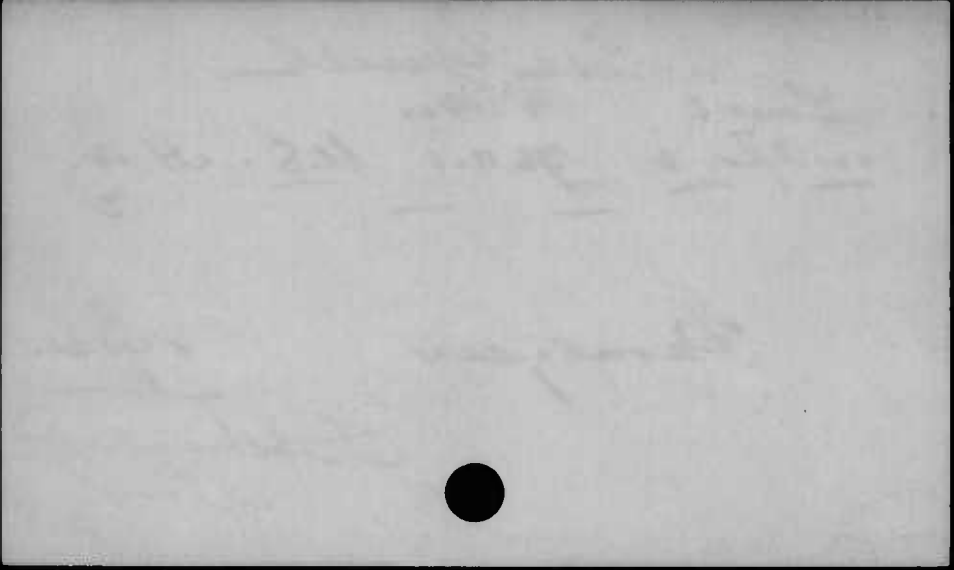
Certificate of Death

Name in Full *Geo. W. Yates*
 Died at *Pyattsville* ^{Town} *P.M.* ^{County}
 Date *Apr 24* ^{Month} *1902* ^{Day} *62* ^{Y.} *12* ^{M.} *12* ^{D.} *Salesman* ^{Occupation}
 Sex *Male* ^{Female} Color *White* ^{Colored} Marital Status *Married* ^{Single} *Widow* ^{Widower} Divorced Number of children living *one*

Husband of *Mary Yates*
 Wife of *Leoris Yates*
 Father's Name *Leoris Yates* Mother's Name *Lucinda Yates*

Cause of Death *Gonorrhea* ^{Primary} *123* ^{Immediate} *14 Days* ^{How long sick}
 Accident, Suicide, Homicide

Reported by *Dr. Richards*
 Address *Pyattsville Md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Louisa Jewell

Died at

Laurel

Town

Pr Geo

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Apr. 6

Age

36 11. 1

U.S.

H W.

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of

Primary

Paralysis l.b.

How long sick

1 year

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

E. D. Huntth M.D.

Address

Laurel

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72009

Recorded &
Permit
issued

April 8, 02
J. B.